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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application No.	10/025,268
		Filing Date	December 18, 2001
		First Named Inventor	Roy Want
		Art Unit	2128
		Examiner Name	Saxena, Akash
Total Number of Pages in This Submission	13	Attorney Docket Number	42390P12018

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">         Facsimile Transmittal Sheet       </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Ashley R. Ott, Reg. No. 55,515 <b>BLAKELY, SOKOLOFF, TAYLOR &amp; ZAFMAN LLP</b>
Signature	<i>Ashley Ott</i>
Date	December 6, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Pat Sullivan	Date	December 6, 2006
Signature	<i>Pat Sullivan</i>	Date	December 6, 2006

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (ndc) 10/12/2006  
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**FEE TRANSMITTAL  
for FY 2005**

Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$)

0.00

Complete if Known

Application Number	10/025,268
Filing Date	December 18, 2001
First Named Inventor	Roy Want
Examiner Name	Saxena, Akash
Art Unit	2128
Attorney Docket No.	42390P12018

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

**FEE CALCULATION****1. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
16	38	0	\$0.00
Independent Claims	3	0	\$0.00
Multiple Dependent			

Large Entity	Small Entity	Fee Description
1202	2202	Claims in excess of 20
1201	2201	Independent claims in excess of 3
1203	2203	Multiple Dependent claim, if not paid
1204	2204	**Reissue independent claims over original patent
1205	2205	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (1)		(\$)

\*\*or number previously paid, if greater. For Reissues, see below

**2. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description
1051	2051	Surcharge - late filing fee or oath
1052	2052	Surcharge - late provisional filing fee or cover sheet
2053	2053	Non-English specification
1251	2251	Extension for reply within first month
1252	2252	Extension for reply within second month
1253	2253	Extension for reply within third month
1254	2254	Extension for reply within fourth month
1255	2255	Extension for reply within fifth month
1401	2401	Notice of Appeal
1402	2402	Filing a brief in support of an appeal
1403	2403	Request for oral hearing
1451	2451	Petition to institute a public use proceeding
1460	2460	Petitions to the Commissioner
1807	1807	Processing fee under 37 CFR 1.17(a)
1808	1808	Submission of Information Disclosure Stmt
1809	1809	Filing a submission after first rejection (37 CFR § 1.129(a))
1810	2810	For each additional invention to be examined (37 CFR § 1.129(b))
Other fee (specify)		
SUBTOTAL (2)		(\$)

Fee Paid

**SUBMITTED BY**

Name (Print/Type) Ashley R. Ott

Registration No.  
(Attorney/Agent)

55,515

Telephone

(303) 740-1980

Signature

Date

12/06/06

Based on PTO/GB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.  
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<b>FEE TRANSMITTAL for FY 2005</b> <small>Patent fees are subject to annual revision.</small>		<i>Complete if Known</i>	
		Application Number	10/025,268
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	December 18, 2001
		First Named Inventor	Roy Want
		Examiner Name	Saxena, Akash
		Art Unit	2128
TOTAL AMOUNT OF PAYMENT		(S)	0.00
		Attorney Docket No.	42390P12018

## METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit card ☐ Money Order ☒ None ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- ☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments  
 under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## FEE CALCULATION

## 1. EXTRA CLAIM FEES

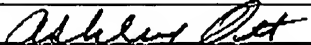
Total Claims	Extra Claims	Fee from below	Fee Paid
16	38*	0	\$0.00
Independent Claims	3	0	\$0.00
Multiple Dependent			
Large Entity	Small Entity	Fee Description	
Fee Code	Fee Code		
1202	2202	Claims in excess of 20	
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1203	2203	Multiple Dependent claim, if not paid	
1204	2204	**Reissue independent claims over original patent	
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SUBTOTAL (1)			(S) 0.00

\*or number previously paid, if greater, For Reissues, see below

## 2. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code		
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1451	2451	Petition to institute a public use proceeding	
1460	2460	Petitions to the Commissioner	
1607	1607	Processing fee under 37 CFR 1.17(q)	
1806	1806	Submission of Information Disclosure Stmt	
1809	1809	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	2810	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
SUBTOTAL (2)			(S)

## SUBMITTED BY

Name (Print/Type)	Ashley R. Ott	Registration No. (Attorney/Agent)	55,515	Telephone	(303) 740-1980
Signature		Date	12/06/06		

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.  
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DEC 06 2006

**RESPONSE UNDER 37 C.F.R. § 1.116  
-- EXPEDITED PROCEDURE --  
EXAMINING GROUP 2100**

Our Docket No: 42390P12018

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Want et al.

Application No: 10/025,268

Filed: 12/18/2001

For: Method and Device for Emulating  
Electronic Apparatus in a Mobile  
Server-Stationary Client  
Configuration (As Amended)

Examiner: Saxena, Akash

Art Unit: 2128

**RESPONSE AFTER FINAL**Commissioner for Patents and Trademarks  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the final Office Action mailed October 6, 2006, Applicants respectfully request the Examiner to enter the following amendment and to consider the following remark.

**CERTIFICATE OF FACSIMILE TRANSMISSION**

I hereby certify that I am causing the above-referenced correspondence to be transmitted via facsimile to the United States Patent and Trademark Office at (571) 273-8300 on the date indicated below:

December 6, 2006

Date of Transmission

Pat Sullivan

Name of Person Transmitting Correspondence

*Pat Sullivan*

Signature

12/06/2006  
Date